

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000076267

Entity Name: CENTERPOINTE INSURANCE, INC.

Current Principal Place of Business:

825 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33071

Current Mailing Address:

825 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33071 US

FEI Number: 20-1113138

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KRONENGOLD, JEFFREY ESQUIRE
825 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33071 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PTD
Name PERRY, CRAIG
Address 825 CORAL RIDGE DRIVE
City-State-Zip: CORAL SPRINGS FL 33071

Title VPSD
Name STIEGELE, ROBERT
Address 825 CORAL RIDGE DRIVE
City-State-Zip: CORAL SPRINGS FL 33071

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CRAIG PERRY

PRESIDENT

01/29/2013

Electronic Signature of Signing Officer/Director Detail

Date